STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155294	A. BUILDING _____ B. WING _____	C 04/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORUM AT THE CROSSING	8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00106155. Complaint IN00106155-Substantiated. No deficiencies related to the allegations are cited. Survey date: April 24, 2012 Facility number: 000191 Provider number: 155294 AIM number: N/A Survey team: Charles Stevenson, RN Census bed type: SNF: 63 Residential: 29 Total: 92 Census payor type: Medicare: 35 Other: 57 Total: 92 Residential sample: 3 Forum at the Crossing was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00106155. Quality review completed on April 25, 2012 by Bev Faulkner, R.N.	R 000		